

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------------------|
| FEE DETERMINATION | A.W. | 12192 | 8/23/99 |
| O.I.P.E. CLASSIFIER | | 25 | 03/15/99 |
| FORMALITY REVIEW | | 69652 | 09/21/99 11/16/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| 26 | ✓ | 2/1/01 | |
| 27 | ✓ | 2/1/01 | |
| 28 | ✓ | 2/1/01 | |
| 29 | ✓ | 2/1/01 | |
| 30 | ✓ | 2/1/01 | |
| 31 | ✓ | 2/1/01 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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